

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|---------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | MH | SC4 920 | 01-36-01 |
| RESPONSE FORMALITY REVIEW | R.B. | 1078 | 07/18/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|-----------------|------|
| Final: Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
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| Claim | Date |
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| Final: Original | |
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| Claim | Date |
|-----------------|------|
| Final: Original | |
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If more than 150 claims or 10 actions
 staple additional sheet here

(1 FEET INSIDE)

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